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570 7590 08/02/2004

1 AKIN GUMP STRAUSS HAUER & FELD L.L.P.
 ONE COMMERCE SQUARE
 2005 MARKET STREET, SUITE 2200
 PHILADELPHIA, PA 19103-7013

08/31/2004 EFLORES1 00000019 08999730

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<i>Tara Fromm</i>	(Depositor's name)
<i>Tara Fromm</i>	(Signature)
<i>August 26, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/999,730	12/24/1997	ROBERT H. STAAT	7311-24RE	4290

TITLE OF INVENTION: MAGNETICALLY-ACTUATED COUPLER FOR MODEL RAILROAD CARS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	11/02/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MORANO IV, SAMUEL J	3617	213-0750TC			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 AKIN GUMP

2 STRAUSS HAUER

3 & FELD, L.L.P.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

(207311.0040)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bachmann Industries, Inc.

Philadelphia, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fees, or credit any overpayment, to Deposit Account Number 507017 (enclose an extra copy of this form). *(Any insufficient funds)*

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) Tara Fromm (Date) August 26, 2004

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